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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor Dan Falcone The Recumbent Torso Trainer

Comy for new monprovis	ional applications under 37 CFR 1.53(	b))   Express Mail Label No.
APPLIC	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents
See MPEP chapter 600 co	nceming utility patent application cont	
Fee Transmittal (Submit an original and Submit an original and See 37 CFR 1.2  3. Specification (preferred arrangeme - Descriptive titl - Cross Referer - Statement Re - Reference to sor a computer - Background or Brief Summar - Brief Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the submitted Description - Detailed Description - Claim(s) - Abstract of the submitted Description - Detailed Description - Detailed Description - Detailed Description - Detailed Description - Abstract of the submitted Description - Declaration	Form (e.g., PTO/SB/17)  In duplicate for fee processing)  Is small entity status.  7.  [Total Pages 38]  Interest forth below)  Ide of the invention Ince to Related Applications Ince to Related In	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations  13. Preliminary Amendment  14. Keturn Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:
DOX 30, IS CONSIDERED a Dart of	If the disclosure of the accompanying co	of the prior application, from which an oath or declaration is supplied under intinuation or divisional application and is hereby incorporated by reference.
The incorporation can only be	relied upon when a portion has been ins	advertently omitted from the submitted application parts.
	19. CORRESPO	DNDENCE ADDRESS
Customer Number or Bar C	ode Label (Insert Customer No. or Alla	or XZ Correspondence address below
Name	Dan Falcone	
Address	5081 Bradley BI	vd.
City .	Chevy Chase	
Country		State   MD   Zip Code   20815   Telephone   301 654 3072   Fax
Name (Print/Type)	Dayn Falcone	Registration No. (Attorney/Agent)
Signature	. Wantaleone	
rden Hour Statement: This form	is astimated to take 0.2 Mars to assist	- Date   1/12/07

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## FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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Complete if Kn wn					
Application Number					
Filing Date					
First Named Inventor	✓ Dan Falcone				
Examiner Name					
Group Art Unit		_			
Attorney Docket No.					

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
x: Check Credit card Money Other None		3. /	3. ADDITIONAL FEES					
Deposit Account:		Larg	Large Entity Small Entity					
Deposit Account			Fee		Fee		Fee Description	Fee Paid
Number			105	• • •	205	• • •	Surcharge - late filing fee or oath	
Deposit Account Name	L		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		rized to: (check all that apply)	139	130	139	130	Non-English specification	
i— ·	(s) indicated be		447			2,520	For filing a request for ex parte reexamination	
		s) during the pendency of this application	112	920*	1	920*	Requesting publication of SIR prior to	
	lentified deposit	low, except for the filing fee			-		Examiner action	
		ALCULATION	113	1,840*	1113	1,840*	Requesting publication of SIR after Examiner action	
1. BASIC F	ILING FEE		115	110	215	55	Extension for reply within first month	
	Small Entity		116	400	216	200	Extension for reply within second month	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description Fee Paid	117	920	217	460	Extension for reply within third month	
101 740	201 370	Utility filing fee	118	1,440	218	720	Extension for reply within fourth month	· .
106 330	206 165	Design filing fee	128	1,960	228	980	Extension for reply within fifth month	
107 510	207 255	Plant filing fee	119	320	219	160	Notice of Appeal	
108 740	208 370	Reissue filing fee	120	320	220	160	Filing a brief in support of an appeal	
114 160	214 80	Provisional filing fee	121	280	221	140	Request for oral hearing	
SUBTOTAL (1) (\$)		138	1,510	138	1,510	Petition to institute a public use proceeding		
2 EVIDA			140	110	240	55	Petition to revive - unavoidable	
Z. EXTRA C	LAIIVI FEES	FOR UTILITY AND REISSUE		1,280	241	640	Petition to revive - unintentional	
Total Claims	-20*	Extra Claims below Fee Paid		1,280	242	640	Utility issue fee (or reissue)	
Independent	.3*		143	460	243	230 .	Design issue fee	
Claims Multiple Depen			144	620 130	244	310	Plant issue fee	~
, , , , , ,		<u></u>			122	130	Petitions to the Commissioner	
Large Entity	Small Entity		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	126	180	126	180	Submission of Information Disclosure Stmt	
103 18	203 9	Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)	
102 84	202 42	Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
104 280	204 140	Multiple dependent claim, if not paid	149	740	249	370	For each additional invention to be	
109 84	209 42	** Reissue independent claims over original patent				J. 2	examined (37 CFR § 1.129(b))	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	179		279	370	Request for Continued Examination (RCE)	
			169	900	169	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)		Other	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					

SUBMITTED BY				Complete (if ap	plicable)
Name (Print/Type)	J Dan Falcone		Registration No. (Attorney/Agent)	Telephone 01 654 3072	
Signature		Danfelow		Date	1/12/04

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